



RECEIVED

By Lisa Anderson at 9:39 am, Oct 14, 2020

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Reports are due to the Town Clerk by 5pm on the scheduled reporting date with receipts.

All contributions, contributions in kind, loans, and expenditures be reported on the forms provided by the Town Clerk.

CANDIDATE OR COMMITTEE NAME:

Desiree LaFleur District 4

Registered Agent: Desiree LaFleur

Phone Number: 720.394.6433

Email Address: desiree@finnlafleur.com

Committee Type: Candidate Committee Issue Committee

Name of Committee's Bank: Wells Fargo

Regularly Scheduled Filing

Amended Filing. This amends previous report filed on _____

Termination Report (Termination Reports MUST Have a Zero Balance)

REPORTING PERIOD - Beginning Date: 9/28/20 Ending Date: 10/8/20

BEGINNING BALANCE	\$ 235.21	Totals must match attached detailed reports.
Contributions (+)	\$ 1990.00	
Contributions In Kind (+)	\$ _____	
Loans (+)	\$ _____	
Expenditures/Expenditures In-Kind (-)	\$ 779.66	
ENDING BALANCE	\$ 1445.55	

I hereby certify that to the best of my knowledge and belief all contributions received and all expenditures made during this reporting period are accurately reflected in this report.

Registered Agent's Name: Desiree LaFleur

Registered Agent's Signature: Desiree A. LaFleur Date: 10/13/20

If Applicable

Candidate Name: Desiree LaFleur

Candidates Signature: Desiree A. LaFleur Date: 10/13/20

Detailed Report of CONTRIBUTIONS

(For funds spent by the Candidate, list as a Contribution and also list amount under Expenditure)

Name of Committee: Desiree LaFleur District 4

<u>Date Accepted:</u> <u>10/6/20</u> Amount: <u>\$ 500.00</u>	NAME (First, Last): <u>Shawn Temple</u> Address: <u>2473 Crestridge Drive</u> City/State/Zip: <u>Castle Rock, CO 80104</u>
<u>Date Accepted:</u> <u>10/6/20</u> Amount: <u>\$ 500.00</u>	NAME (First, Last): <u>Scott Springer</u> Address: <u>6 N Michigan Ave, Unit 103</u> City/State/Zip: <u>Chicago, IL 60602-4891</u>
<u>Date Accepted:</u> <u>10/1/20</u> Amount: <u>\$ 500.00</u>	NAME (First, Last): <u>Wesley King</u> Address: _____ City/State/Zip: <u>Castle Pines, CO 80108</u>
<u>Date Accepted:</u> <u>10/1/20</u> Amount: <u>\$ 50.00</u>	NAME (First, Last): <u>Sundy Hess</u> Address: <u>1100 Flower Street</u> City/State/Zip: <u>Virginia Beach, VA 23455</u>
<u>Date Accepted:</u> <u>10/8/20</u> Amount: <u>\$ 100.00</u>	NAME (First, Last): <u>Susan St. Pierre</u> Address: <u>PO Box 401</u> City/State/Zip: <u>Nassau, NY 12123</u>
<u>Date Accepted:</u> <u>10/8/20</u> Amount: <u>\$ 200.00</u>	NAME (First, Last): <u>Julie Panchel</u> Address: <u>7130 W. Fairview Drive</u> City/State/Zip: <u>Littleton, CO 80128</u>
<u>10/7/20</u> <u>\$100.00</u>	Robert Blalock 3505 Belltop Court, Castle Rock CO 80104
<u>9/30/20</u> <u>\$40.00</u>	William LaFleur 10 Cantril Street, CR 80104

Detailed Report of EXPENDITURES

(Also list In-Kind Contributions, money spent by the Candidate, bank and electronic payment fees, etc.)

Name of Committee: Desiree LaFleur District 4

<u>Date Expended:</u> <u>10/7/20</u> Amount: \$ <u>644.00</u>	PAYABLE TO: <u>Postcard Mania</u> Address: <u>2145 Sunnydale BLVD, Building 102</u> City/State/Zip: <u>Clearwater, FL 33765</u> Purpose/Description: <u>Bulk mailer for District 4 residents</u>
<u>Date Expended:</u> <u>10/8/20</u> Amount: \$ <u>101.11</u>	PAYABLE TO: <u>Crazy Cheap Political Signs</u> Address: <u>11525A Stonehollow Dr, Suite 100</u> City/State/Zip: <u>Austin, TX 78758</u> Purpose/Description: _____
<u>Date Expended:</u> <u>10/1/20</u> Amount: \$ <u>34.55</u>	PAYABLE TO: <u>PayPal</u> Address: _____ City/State/Zip: _____ Purpose/Description: <u>processing fees</u>
<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____

~ATTACH RECEIPTS FOR EXPENDITURES OVER \$100~

Detailed Report of CONTRIBUTIONS IN KIND

(Record Value of an In-Kind Contributions under Expenditures)

Name of Committee: _____

<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____

Detailed Report of LOANS

Name of Committee: _____

<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____